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PTO/SB/01 (12-97)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	
	First Named Inventor	Yoshio YOSHIDA
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
Examiner Name		
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INKJET RECORDING MEDIUM

the specification of which

(Title of the Invention)

☒ is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2003-094211	JAPAN	03/31/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2003-274545	JAPAN	07/15/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2003-339530	JAPAN	09/30/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2004-023061	JAPAN	01/30/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2004-086338	JAPAN	03/24/2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/JP2004/004437	03/29/2004	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number OR Place Customer Number Bar Code Label here

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Gary C. Cohn	30,456		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

Name	Gary C. Cohn		
Address	Gary C. Cohn PLLC		
Address	4010 Lake Washington Boulevard NE, Suite 105		
City	Kirkland	State	WA ZIP 98033
Country	US	Telephone	(425) 576-1656 Fax (425) 576-1756

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle if any)		Family Name or Surname	
Yoshio		YOSHIDA	
Inventor's Signature	Yoshio Yoshida		Date
Residence: City	Tokyo JPX	State	Country Japan Citizenship Japan
Post Office Address	c/o Research Laboratory of Product, Nippon Paper Industries Co., Ltd.		
Post Office Address	21-1, Ohji 5-chome, Kita-ku		
City	Tokyo	State	ZIP 114-0002 Country Japan

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u>
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
<u>200</u> <u>Shoichi</u>				<u>ENDO</u>			
Inventor's Signature	<u>Shoichi Endo</u>					Date	<u>Jan. 5. 2005</u>
Residence: City	<u>Tokyo</u> <u>JPX</u>	State		Country	<u>Japan</u>	Citizenship	<u>Japan</u>
Post Office Address	c/o Research Laboratory of Product, Nippon Paper Industries Co.,Ltd.						
Post Office Address	21-1, Ohji 5-chome, Kita-ku						
City	<u>Tokyo</u>	State	<u>Japan</u>	ZIP	<u>114-0002</u>	Country	<u>Japan</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
<u>300</u> <u>Masanori</u>				<u>KAWASHIMA</u>			
Inventor's Signature	<u>Masanori Kawashima</u>					Date	<u>Dec. 24. 2004</u>
Residence: City	<u>Tokyo</u> <u>JPX</u>	State		Country	<u>Japan</u>	Citizenship	<u>Japan</u>
Post Office Address	c/o Research Laboratory of Product, Nippon Paper Industries Co.,Ltd.						
Post Office Address	21-1, Ohji 5-chome, Kita-ku						
City	<u>Tokyo</u>	State	<u>Japan</u>	ZIP	<u>114-0002</u>	Country	<u>Japan</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
<u>400</u> <u>Susumu</u>				<u>HAGISAWA</u>			
Inventor's Signature	<u>Susumu Hagsawa</u>					Date	<u>Dec. 27. 2004</u>
Residence: City	<u>Tokyo</u> <u>JPX</u>	State		Country	<u>Japan</u>	Citizenship	<u>Japan</u>
Post Office Address	c/o Research Laboratory of Product, Nippon Paper Industries Co.,Ltd.						
Post Office Address	21-1, Ohji 5-chome, Kita-ku						
City	<u>Tokyo</u>	State	<u>Japan</u>	ZIP	<u>114-0002</u>	Country	<u>Japan</u>

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
<u>500</u> Takayuki				FUJIMOTO			
Inventor's Signature	Takayuki Fujimoto					Date	Dec. 24, 2004
Residence: City	Tokyo JPY	State		Country	Japan	Citizenship	Japan
Post Office Address: c/o Research Laboratory of Product, Nippon Paper Industries Co., Ltd.							
Post Office Address: 21-1, Ohji 5-chome, Kita-ku							
City	Tokyo	State	Japan	ZIP	114-0002	Country	Japan

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
<u>600</u> Masaya				TOSAKA			
Inventor's Signature	Masaya Tosaka					Date	Dec. 24, 2004
Residence: City	Tokyo JPY	State		Country	Japan	Citizenship	Japan
Post Office Address: c/o Research Laboratory of Product, Nippon Paper Industries Co., Ltd.							
Post Office Address: 21-1, Ohji 5-chome, Kita-ku							
City	Tokyo	State		ZIP	114-0002	Country	Japan

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
<u>700</u> Yuu				SUZUKI			
Inventor's Signature	Yuu Suzuki					Date	Dec. 24, 2004
Residence: City	Tokyo JPY	State		Country	Japan	Citizenship	Japan
Post Office Address: c/o Research Laboratory of Product, Nippon Paper Industries Co., Ltd.							
Post Office Address: 21-1, Ohji 5-chome, Kita-ku							
City	Tokyo	State	Japan	ZIP	114-0002	Country	Japan

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
<u>800</u> <u>Kaoru</u>				<u>HAMADA</u>			
Inventor's Signature	<u>Kaoru Hamada</u>			Date	<u>Dec. 24. 2004</u>		
Residence: City	<u>Tokyo</u>	State	<u>JPX</u>	Country	<u>Japan</u>	Citizenship	<u>Japan</u>
Post Office Address	<u>c/o Research Laboratory of Product, Nippon Paper Industries Co., Ltd.</u>						
Post Office Address	<u>21-1, Ohji 5-chome, Kita-ku</u>						
City	<u>Tokyo</u>	State	<u>Japan</u>	ZIP	<u>114-0002</u>	Country	<u>Japan</u>
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
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City		State		ZIP		Country	

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